

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031611  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 42

FILED SEP 13 1962

VS 300  
Rev. 4/59

10510

20190

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1051

1291-3

134-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rosehill		c. CITY OR TOWN Garden City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi So. Kingsville, Mo		d. STREET ADDRESS (If outside, give location) Garden City, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Larry Louis Visentin		4. DATE OF DEATH Month Day Year September 6, 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 3, 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Foundry	9. AGE (last birthday) 22
11. BIRTHPLACE (City and state or country) Kansas City, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Angelo L. Visentin		13b. MOTHER'S MAIDEN NAME Georgia West	
14. NAME OF HUSBAND OR WIFE Mary C. Gudde		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Angelo Visentin, Independence Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Concussion &amp; Multiple Fractures received in a Car-train accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Garden City, Missouri
21. I attended the deceased from <i>did not attend</i> and last saw her <i>dead</i> on <i>9-6-62</i>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Kelly Rawlins M.D. - Coroner</i>	22b. ADDRESS <i>Holden</i>	22c. DATE SIGNED <i>Ms 9-6-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Sept 8, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Garden City Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Garden City, Missouri</i>
24. FUNERAL DIRECTOR <i>Canaday and Ropp, Holden, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-7-62</i>	26. REGISTRAR'S SIGNATURE <i>Bernice Bass</i>	

SEP 18 1962  
SEP 28 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4039

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.